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Declaration and Power of Attorney For Patent Application

特許出願宣言書

Japanese Language Declaration

GBWK Docket No.:

私は、下欄に氏名を記載した発明者として、以下のとおり宣言する：

As a below named inventor, I hereby declare that:

私の住所、郵便の宛先および国籍は、下欄に氏名に 続いて記載したとおりであり、

My residence, post office address and citizenship are as stated below next to my name,

名称の発明に関し、請求の範囲に記載した特許を求める主題の本来の、最初にして唯一の発明者である（一人の氏名のみが下欄に記載されている場合）か、もしくは本来の、最初にして共同の発明者である（複数の氏名が下欄に記載されている場合）と信じ、

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

LUBRICATION STRUCTURE FOR ROLLING BEARING

その明細書を
(該当する方に印を付す)

☐ ここに添付する。

☐ _____ 日に出席番号
第 _____ 号として提出し、
_____ 日に補正した。

(該当する場合)

the specification of which
(check one)

☒ Is attached hereto.

☐ was filed on _____ as

(if applicable)

私は、前記のとおり補正した請求の範囲を含む前記明細書の内容を検討し、理解したことを陳述する。

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

私は、連邦規則法典第 37 部第 1 章第 56 条(a)項に従い、本願の審査に所要の情報を開示すべき義務を有することを認める。

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

Japanese Language Declaration

私は、合衆国法典第 35 部第 119 条にもとづく下記の外国特許出願または発明者証出願の外国優先権利益を主張し、さらに優先権の主張に係わる基礎出願の出願日前の出願日を有する外国特許出願または発明者証出願を以下に明記する：

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior foreign applications 先の外国出願

Priority claimed 優先権の主張

171324/2003 (Number)	JAPAN (Country)	June 16, 2003 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

私は、合衆国法典第 35 部第 120 条にもとづく下記の合衆国特許出願の利益を主張し、本願の請求の範囲各項に記載の主題が合衆国法典第 35 部 112 条第 1 項に規定の態様で先の合衆国出願に開示されていない限度において、先の出願の出願日と本願の国内出願日または PCT 国際出願日の間に公表された連邦規則法典第 37 部 1 章第 56 条 (a) 項に記載の所要の情報を開示すべき義務を有することを認める：

(Application Serial No.)

(Filing Date)

(Application Serial No.)

(Filing Date)

私は、ここに自己の知識にもとづいて行った陳述がすべて真実であり、自己の有する情報および信じることに従った陳述であると信じ、さらに故意に虚偽の陳述等を行った場合、合衆国法典第 18 部第 1001 条により、罰金もしくは禁錮に処せられるか、またはこれらの刑が併科され、またかかる故意による虚偽の陳述が本願ないし本願にたいして付与される特許の有効性を損なうことがあることを認識して、以上の陳述を行ったことを宣言する。

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(現況)

(特許済み、継続中、放棄済み)

(Status)

(patented, pending, abandoned)

(現況)

(特許済み、継続中、放棄済み)

(Status)

(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issue thereon.

Japanese Language Declaration

委任状: 私は、下記発明者として、以下の代理人をここに選任し、本願の手続きを遂行すること並びにこれに関する一切の行為を特許商標庁に対して行うことを委任する。
(代理人氏名および登録番号を明記のこと)

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.
(list name and registration number)

CUSTOMER NO. 113, currently
B. Franklin Griffin, Jr. Reg. No. 19,334
F. Prince Butler Reg. No. 25,666
Fred S. Whisenhunt Reg. No. 24,378
Joerg-Uwe Szpl Reg. No. 31,799
Richard J. Gallagher Reg. No. 28,781

類の送付先:

Send Correspondence to:

GRIFFIN & SZIPL, PC
2300 Ninth Street South, Suite PH-1
Arlington, VA 22204
Customer No. 113

直通電話連絡先: (名称および電話番号)

Direct Telephone Calls to: (name and telephone number)

Telephone: (703) 979-5700
Facsimile: (703) 979-7429

唯一のまたは第一の発明者の氏名	Full name of sole or first inventor	Akira ITO
同発明者の署名	Inventor's signature	<i>Akira Ito</i>
日付	Date	January 19, 2004
住所	Residence	c/o Ishikawajima-Harima Heavy Industries Co., Ltd., 2-1, Ohtemachi 2-chome, Chiyoda-ku, Tokyo 100-8182 Japan
国籍	Citizenship	Japan
郵便の宛先	Post Office Address	Same as above
第2の発明者の氏名 (該当する場合)	Full name of second joint inventor, if any	Kimitoshi SATO
同第2発明者の署名	Second inventor's signature	<i>Kimitoshi Sato</i>
日付	Date	January 19, 2004
住所	Residence	c/o ITECH Co., Ltd., 1, Nakahara-chou, Isogo-ku, Yokohama-shi, Kanagawa 235-8501 Japan
国籍	Citizenship	Japan
郵便の宛先	Post Office Address	Same as above

(第三またはそれ以降の共同発明者に対しても同様な情報および署名を提供すること。)

(Supply similar information and signature for third and subsequent joint inventors.)

第3の発明者の氏名	Full name of third joint inventor	Yuki OSADA
同第3発明者の署名	Third inventor's signature	<i>Yuki Osada</i>
日付	Date	January 19, 2004
住所	Residence	c/o Ishikawajima-Harima Heavy Industries Co., Ltd., 2-1, Ohtemachi 2-chome, Chiyoda-ku, Tokyo 100-8182 Japan
国籍	Citizenship	Japan
郵便の宛先	Post Office Address	Same as above
第4の発明者の氏名 (該当する場合)	Full name of fourth joint inventor	
同第4発明者の署名	Fourth inventor's signature	
日付	Date	
住所	Residence	
国籍	Citizenship	
郵便の宛先	Post Office Address	
第5の発明者の氏名 (該当する場合)	Full name of fifth joint inventor	
同第5発明者の署名	Fifth inventor's signature	
日付	Date	
住所	Residence	
国籍	Citizenship	
郵便の宛先	Post Office Address	
第6の発明者の氏名 (該当する場合)	Full name of sixth joint inventor	
同第6発明者の署名	Sixth inventor's signature	
日付	Date	
住所	Residence	
国籍	Citizenship	
郵便の宛先	Post Office Address	

(第三またはそれ以降の共同発明者に対しても同様な情報および署名を提供すること。)

(Supply similar information and signature for third and subsequent joint inventors.)